



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF LANDSCAPE ARCHITECTURE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
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VERIFICATION OF LANDSCAPE ARCHITECT IN CHARGE INFORMATION

Instructions

This form is required to verify the **Delaware-licensed** Landscape Architects who have been designated in responsible charge of and/or for direct supervision of the practice of landscape architecture on behalf of a business that holds a Delaware Certificate of Authorization. A person with knowledge of the business should complete the form and return it to the Board office at the address above. Note the following:

- The Board office must process this form before it renews the business' Certificate of Authorization.
- Submit the form in advance of the Certificate of Authorization January 31 expiration date to allow the Board office sufficient time to process it before the Certificate expires.
- ***This form is NOT a Certificate of Authorization renewal application. In addition to submitting this form, you must complete the online renewal application for the business.*** Follow the instructions on the *Official Renewal Notice for Certificates of Authorization* to submit the online renewal application.

1. Business Name (as it appears on Delaware license): _____
2. Delaware Certificate of Authorization License Number: **SA** - _____
3. Enter the following information about each **Delaware-licensed** Landscape Architect who has been designated as a person in responsible charge of and/or for direct supervision of landscape architecture services offered or provided in Delaware by the business named above.

NAME OF DESIGNATED PERSON	DELAWARE LAND SURVEYOR LICENSE NO
	S1 - _____
	S1 - _____
	S1 - _____
	S1 - _____
	S1 - _____
	S1 - _____
	S1 - _____
	S1 - _____

4. Do you understand that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change? Yes ☐ No ☐

Printed Name of Person Completing this Form on Behalf of Business: _____

Title/Position: _____

Signature: _____ **Date:** _____